

WAYNE COUNTY COMMUNITY FEDERAL CREDIT UNION

SCHOLARSHIP APPLICATION



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PLEASE RETURN ALL PARTS OF YOUR COMPLETED APPLICATION AND A COPY OF YOUR ACADEMIC TRANSCRIPT TO THE CREDIT UNION BY MARCH 6, 2015. THIS FORM MAY BE REPRODUCED. YOU OR A MEMBER OF YOUR HOUSEHOLD MUST BE A MEMBER OF THE WCCFCU IN ORDER TO APPLY FOR THIS SCHOLARSHIP.

Name _____ Date _____
(first) (middle) (last)

Home Address _____

Contact Phone # _____ Birth Date _____ Email _____

Name of your high school _____

EDUCATION PLANS College you plan to attend _____

Have you been accepted to this school Yes or No (circle one)

Will you attend – Full-time or Part-time (circle one) Residence during school year - Home or dorm (circle one)

Your major _____ Expected graduation date _____

YOUR FAMILY INFORMATION

Provide the following information about parents or guardians with whom you live:

Name of father/step father/guardian (circle one) _____

Occupation _____ Employer _____

Name of mother/step-mother/guardian (circle one) _____

Occupation _____ Employer _____

Total number of people living in household (including yourself) _____ Number attending college next year (including yourself) _____

YOUR WORK HISTORY

EMPLOYER _____ POSITION HELD _____

PERSONAL ACHIEVEMENTS – NON-SCHOOL ACTIVITIES

PERSONAL ACHIEVEMENTS – SCHOOL ACTIVITIES (clubs, athletics academics, music, etc.)Give years of membership and offices held.

PROFESSIONAL GOALS – What are your professional goals and how does your intended further education contribute to these goals:

FINANCIAL AID INFORMATION

Approximate college cost: Tuition _____ Room & Board _____ Total _____

Parents Contribution _____ Student’s Summer Earnings _____ Student’s Savings _____

College Financial Aid Offer _____ Outside Scholarships _____

Ohio Choice Grant _____ Pell Grant _____

Since this scholarship may consider financial need, you may want to add any comments that will help the committee better understand your personal financial needs more fully:

AUTOBIOGRAPHICAL INFORMATION

In this space provide some autobiographical information, which tells something about the kind of person you are. Please we ask that you do this statement on your own without help from others.

Student signature _____ Date _____

NAME/PHOTO/PRINT/VIDEO RELEASE AGREEMENT

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I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on the behalf of my estate release the WCCFCU and their officers, directors, employees, and agents from all actions, losses, costs judgments, and expenses including, but not limited to, reasonable attorney fees arising out of or in connection with the use of my writings, testimonial, and/or likeness authorized herein.

I understand and agree that these materials will become the property of the WCCFCU and will not be returned. Additionally, I waive any right to royalties or other compensation arising or related to the use of photographs, writings, etc.

Signature _____ Date _____

Legal Guardian or Parent if a Minor (under age 18):

Signature _____ Date _____